

STATE OF HAWAII — DEPARTMENT OF TAXATION
EMPLOYER'S ANNUAL RETURN AND RECONCILIATION OF
HAWAII INCOME TAX WITHHELD FROM WAGES
FOR CALENDAR YEAR _____

DO NOT WRITE IN THIS AREA

36

NAME: _____

HAWAII WITHHOLDING ID. NO. _____

FEDERAL I.D. NO. _____

1. NUMBER OF HW-2 FORMS, COPY A _____	2. TOTAL WAGES SHOWN ON THESE FORMS (INCLUDE COLA) 2 \$ _____		
3. TOTAL HAWAII INCOME TAX WITHHELD FROM WAGES SHOWN ON THESE FORMS _____	3 \$ _____		
3a. PENALTIES \$ _____	3b. INTEREST \$ _____	3c. TOTAL AMOUNT DUE (ADD LINES 3, 3a, and 3b) .. 3c \$ _____	
4. PAYMENT OF TAXES WITHHELD BY MONTHS OR CALENDAR QUARTERS, WHICHEVER IS APPLICABLE:			
JAN. \$ _____	APR. \$ _____	JUL. \$ _____	OCT. \$ _____
FEB. \$ _____	MAY. \$ _____	AUG. \$ _____	NOV. \$ _____
MAR. \$ _____	JUN. \$ _____	SEP. \$ _____	DEC. \$ _____
1st QTR. \$ _____	2nd QTR. \$ _____	3rd QTR. \$ _____	4th Qtr. \$ _____

TAX OFFICE COPY

**ENTER "0" ON ANY LINE
WHERE APPLICABLE, SIGN
AND RETURN
TO THE PROPER DISTRICT.**

**NOTE: SEE FILING
INSTRUCTIONS
BELOW.**

5. TOTAL PAYMENTS OF TAXES WITHHELD FROM LINE 4	5 \$ _____
5a. PENALTIES PAID \$ _____	5b. INTEREST PAID \$ _____
5c. TOTAL PAYMENTS MADE (ADD LINES 5, 5a, and 5b)	5c \$ _____
6. AMOUNT OF CREDIT TO BE REFUNDED (LINE 5c MINUS LINE 3c)	6 \$ _____
7. AMOUNT OF TAXES NOW DUE AND PAYABLE (LINE 3c MINUS LINE 5c)	7 \$ _____
8. FOR LATE FILING ONLY:	
8a PENALTY \$ _____	
8b INTEREST \$ _____	8 \$ _____
9. TOTAL AMOUNT NOW DUE AND PAYABLE (ADD LINES 7 AND 8)	9 \$ _____
10. PLEASE ENTER AMOUNT OF PAYMENT	10 \$ _____

PAY IN U.S. DOLLARS ON ANY U.S. BANK

MAKE CHECK PAYABLE TO: "**HAWAII STATE TAX COLLECTOR**".

Write your Hawaii Withholding I.D. Number on the check.

I declare under the penalties provided by law, that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

SIGNATURE _____

TITLE _____ DATE _____

INSTRUCTIONS TO TAXPAYER

**THIS RETURN MUST BE FILED BY THE END OF FEBRUARY EVEN
THOUGH THERE ARE NO TAXES DUE.**

Please file two copies of this form together with the Statements of Hawaii
Income tax Withheld and Wages Paid
(copy A of Form HW-2 or copy 1 of federal Form W-2).

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESSES

OAHU DISTRICT OFFICE
P.O. BOX 3827
HONOLULU, HI 96812-3827

MAUI DISTRICT OFFICE
P.O. BOX 923
WAILUKU, HI 96793-0923

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1686
LIHUE, HI 96766-5686